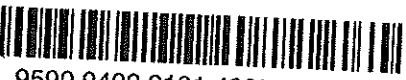





250496

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">KINZIE JOHNSON SQUARE LLC 806 GREENWOOD ST EVANTSTON, IL</p> <div style="text-align: center;">  9590 9402 9191 4225 0831 30 </div> <p>2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 2px; display: inline-block;">7020 0090 0000 0136 7207</div> </p>	<p>A. Signature <div style="display: flex; align-items: center;"> X  <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Address </div> </div> </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;">CHRIS CURRIE</div> </p> <p>C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">7/24/20</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

250496

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">SANDRA I BLASINI 834 N 26TH ST MILWAUKEE, WI</p> <div style="text-align: center;">  9590 9402 6805 1074 6946 42 </div> <p>2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 2px; display: inline-block;">7021 2720 0000 2293 2429</div> </p>	<p>A. Signature <div style="display: flex; align-items: center;"> X  <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Address </div> </div> </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt